Name: _			Date:		#:	

Week of:

	M	T	W	TH	F
READ TO SELF					
READ TO SOMEONE					
LISTEN TO READING					
WRITING					
WORD					

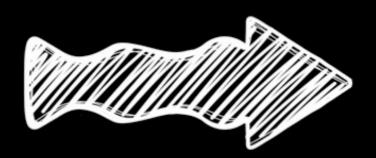
me:	Date:	#:
DAILY 5 Week of:	CHECK	LIST
READ TO SELF		
READ TO SOMEONE		
LISTEN TO READING		
WRITING		
WORD WORK		

ame:		_ Date:		#:
DAILY Week of:	5 C	HEC	KL	ST
READ TO SELF				
READ TO SOMEONE				
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WRITING				
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me:	Date:	#:
DAILY 5 Week of:	CHECK	LIST
READ TO SELF		
READ TO SOMEONE		
LISTEN TO READING		
WRITING		
WORD WORK		

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